2001, UNIFORM BUSINESS REPORT (UBR)

SIGNATURE/

FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # 556807** PARCEL DELIVERY OF TAMPA, INC. 05-01-2001 90010 042 ***150.00 Principal Place of Business Mailing Address 2005 43RD ST 2005 43RD ST 754061 PO BOX 1985 PO BOX 1985 **TAMPA FL 33601** TAMPA FL 33601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1791033 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCMILLAN, RALPH T Street Address (P.O. Box Number is Not Acceptable) 2005 43RD ST TAMPA FL 33605 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE MCMILLAN, RALPH T NAME NAME 2804 PEMBERTON CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Change ☐ Addition Delete TITLE TITLE MCMILLAN, N D JR NAME NAME **ROUTE 3 BOX 614** STREET ADDRESS STREFT ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33619** Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. changed, or on an attachment with an add